

MULTIPLE DEPEN.  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

CLAIM

SERIAL NO.

10/584682

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		3				
5		(1)				
6		(1)				
7		(1)				
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12		(1)				
13	1					
14		1				
15		1				
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50						
TOTAL IND.	2					
TOTAL DEP.	22					
TOTAL CLAIMS	24					

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						